

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

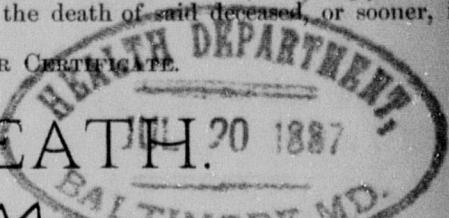
Permit No. A 15740

Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 18 - 4 o'clock Am.

Full Name of Deceased, Wm H. Fletcher (Write legibly and spell correctly. If an Infant not named, give names of parents.)

Sex, Male or Female, male (Cross out the word not required in this line.)

Age, 40 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Married (Cross out the words not required in this line.)

Occupation, Ship Smith

Birth Place, Maryland (State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, Life

Place of Death, City Hospital (Give Street and Number.) Removed to 2541 Canton ave

Cause of Death, Phthisis (First (Primary), Second (Immediate), Heart Failure)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, July 20

Undertaker, Wm. Pickens & Sons

Place of Business, 221 S. Eutaw St.

Address, City Hospital

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.*

[OVER.]

Health Department, City of Baltimore.

Permit No. 154

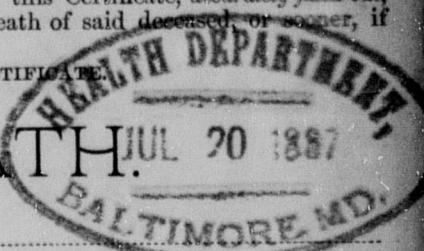
Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.



Date of Death, July 18, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlotte Jacobs

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 66 Years, 7 Months, 21 Days.

Color, White ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give Street and Number. } 574. Walcott Alley

Cause of Death, { First (Primary), Cholera Morbus
Second (Immediate), " }

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, July 20.

Undertaker, Walter Immel

Place of Business, 594 W. Bedell St. Address, 212 Franklin St.

Medical Attendant.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to ^{other} Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1542 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 20 1887

BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 18 / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dulcia Lennox

Sex, Male or Female, { Cross out the word not required in this line. }

Age, about 30 Years, — Months, — Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } North Carolina

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, { Give Street and Number. } 6345 Wayne St.

Cause of Death, { First (Primary), Phthisis Pulmonalis Second (Immediate), Ascitemia }

Duration of Last Sickness, about 8 mos

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

Date of Burial, July 20 (1887)

{ Undertaker, Hercules Ross

{ Place of Business, 104 Conway St Address, 635 Hanover St

W. S. Smith

M. D.

Medical Attendant.

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[OVER.]

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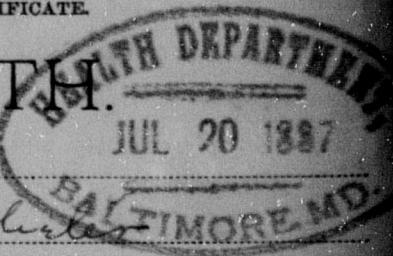
Health Department, City of Baltimore.

Permit No. A 1043 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.



Date of Death, July 18 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wilhelmina Schuster

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, — Months, — Days B

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, always

Place of Death, { Give Street and Number. } 417 S. Ann St.

Cause of Death, { First (Primary), Pneumonia Second (Immediate), Heart failure }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dundalk Hill Park

Date of Burial, July 20 1887

Undertaker, Fred Gaede

Place of Business, 108 S. Charles

Address, 1711 Dan St. Frank C. Bresch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 15744 Office of Registrar of Vital Statistics.

Ward 2

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CERTIFICATE OF DEATH

JUL 20 1887

BALTIMORE MD.

C

Date of Death,

July 19th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary H. Erek

Sex, Male Female, { Cross out the word not required in this line. }

Female

Age,

Years,

7

Months,

4

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

No 719 S. Broadway

Cholera Infantum

Cause of Death, { First (Primary),

Second (Immediate),

Duration of Last Sickness,

Six hours

All the above information should be furnished by the Physician.

Place of Burial, 140 German Street

Date of Burial, 20th July

Thomas B. Evans - M. D.

Medical Attendant.

{ Undertaker, Wm. Nicholas

No 1715

SD

{ Place of Business, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.
A 1545 Office of Registrar of Vital Statistics. Ward 19

Permit No. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, July 19th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amanda J. Wallace

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 86 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Kentucky

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give Street and Number. } 100, W. or. Elmwood Avenue

Cause of Death, { First (Primary), Second (Immediate). } Old Age

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Greenlawn Burial Ground

Date of Burial, July 21st 1887

Undertaker, Harvey W. Mears

Place of Business, 443 E. Fayette St.

Address, 345 St. Charles

Thomas Springer M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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Health Department, City of Baltimore.

Permit No. A 1546

Office of Registrar of Vital Statistics.

Ward 13

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CERTIFICATE OF DEATH.

Date of Death,

July 19, 1887

Jaet & Reckitt

JUL 20 1887

BALTIMORE

Reinberg

C

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

18

Days.

Color,

W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

834 N. Fayette St

Cause of Death, { First (Primary),

Second (Immediate),

Icterus

Duration of Last Sickness,

18 days

All the above information should be furnished by the Physician.

Place of Burial, Off. Schidum

Date of Burial, July 20th 1887

Undertaker, J. D. Sonderheim

Place of Business, 120 N. Greene

Address,

C. M. Neff

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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Health Department, City of Baltimore.

Permit No. A 1541

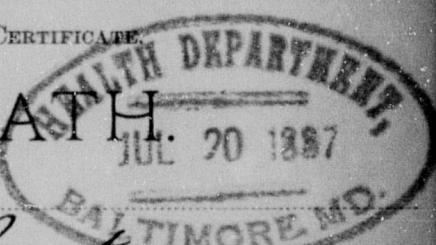
Office of Registrar of Vital Statistics.

Ward 20

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH



Date of Death, July 18/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emily Clarke

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 60 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation, Wife -

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

A. A. Co Ind.

Duration of Residence in the City of Baltimore, 8 years.

Place of Death, { Give Street and Number. }

1541 W. Laurel

Cause of Death, { First (Primary),
Second (Immediate), }

Phthisis Pulmonalis

Duration of Last Sickness, Five years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 21/87

{ Undertaker, Denny & Mitchell }

{ Place of Business, 1201 W. Fayette }

Thomas Opie M. D.

Medical Attendant.

Address, 600 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *878*

Office of Registrar of Vital Statistics.

Ward *19*

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CERTIFICATE OF DEATH



Date of Death, *July 18, 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Clara M. Blanch*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *16* Years, *4* Months, *Days.*

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give Street and Number. } *129 N. Fulton Av.*

Cause of Death, { First (Primary), *Typhs - dysentery*, Second (Immediate), *Prolstration* }

Duration of Last Sickness, *7 days*

All the above information should be furnished by the Physician.

Place of Burial, *New Cathedral Cemetery*

Date of Burial, *July 21/87* *G. W. Linton* M. D.

{ Undertaker, *Henry S. Mitchell* *G. W. Linton* M. D. Medical Attendant.

{ Place of Business, *1201 N. Fayette* Address, *1327 W. Fayette St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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Health Department, City of Baltimore.

Permit No. *1549*

Office of Registrar of Vital Statistics.

Ward *17*

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CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *17* Years, Months, Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

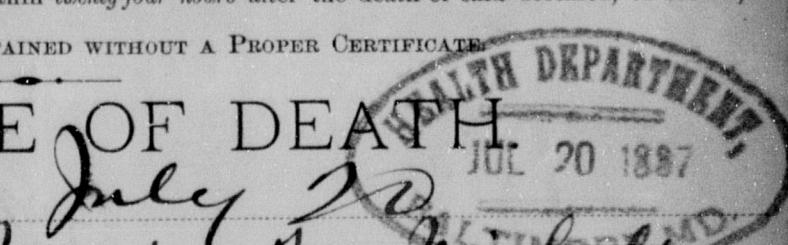
All the above information should be furnished by the Physician.

Place of Burial, *London Park*

Date of Burial, *July 22 1887*

Undertaker, *Bernard Harle*

Place of Business, *115 West St.*



July 22 Avenue W. Michael

B. City

*1304 williams for
Plethora's Pulmonary
Exhaustion*

4 months

Dr. S. E. S. M. D.

Medical Attendant.

Address, *815 Light*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]